MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO.				FILING DATE		
								APPLICANT(S)						
							CLAIMS							
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	<b>IND</b>	DEP	BMD	OEP		ļ	IND	DEP	MD	DEP	IND,	DEP
	1						1	51			<b></b>	<b>}</b>	ļ	ļ
2							1	52		<u> </u>		ļ		<del> </del>
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11	1					<del></del>	]	61			<b>}</b>			
12	-	7		<b> </b>			1	62			<del> </del>		<b></b>	
13		/					1	64			<del> </del>		<del></del>	<del> </del>
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41		,	<b></b>				1	92				<del> </del>		<del>                                     </del>
42			<b></b>			<del></del>	1	93						
44		,	<b></b>				1	94						
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50		1			<del></del>		1			•	<del>                                     </del>	1		•
TOTAL IND.	2			<u> </u>		1	}	TOTAL MD,					-	<u>, †                                    </u>
TOTAL DEP.	0.			<del>1</del>		السب		DEP.						
TOTAL CLAMS	Sich							CLAIMS				100		